

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL031012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/17/2014
NAME OF PROVIDER OR SUPPLIER BETHEL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1051 FIRETOWER ROAD ROSE HILL, NC 28458		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments The Adult Care Licensure Section and the Duplin County Department of Social Services conducted an annual survey on December 16 - 17, 2014.	C 000		
C 176	10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation 10A NCAC 13G .0507 Training on Cardio-Pulmonary Resuscitation Each family care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute and Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. If the only staff person on site has been deemed physically incapable of performing these procedures by a licensed physician, that person is exempt from the training. This Rule is not met as evidenced by: Based on interview and review of staff personnel files, the facility failed to assure 2 of 3 Staff [Administrator and Supervisor-in-Charge (SIC)] completed re-certification on cardio-pulmonary resuscitation (CPR) course within the past 24 months. The findings are: 1. Review of the SIC's personnel file revealed the following documentation: -The SIC's hire date was not documented.	C 176		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 176	<p>Continued From page 1</p> <ul style="list-style-type: none"> -SIC's CPR certification expired in June, 2014. - No documentation of CPR certification or training within the past 24 months. <p>Interview with the SIC on 12/17/14 at 2:45pm revealed the following:</p> <ul style="list-style-type: none"> - She completed the CPR certification class in October, 2014 given by local emergency management service (EMS). - She has not received the CPR certification card. <p>2. Review of the Administrator's personnel file revealed the following documentation:</p> <ul style="list-style-type: none"> -The Administrator's hire date was not documented. -The Administrator's CPR certification expired in June, 2014. - No documentation of current CPR certification or training within the past 24 months. <p>Interview with the Administrator on 12/17/14 at 3:15pm revealed the following:</p> <ul style="list-style-type: none"> - She completed the CPR certification class in October, 2014 given by local emergency management service (EMS). - She had not received her CPR certification card. - The SIC and Administrator were the only 2 staff members scheduled to work during the survey (12/16 - 12/17/14). <p>Interview with a county EMS employee on 12/17/14 at 2:50pm revealed the following:</p> <ul style="list-style-type: none"> - The EMS employee who taught CPR was not at work. - All information regarding CPR classes and 	C 176		

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C 176	Continued From page 2 certification was on the computer and could not be accessed until the EMS employee came back to work. - The EMS employee who taught CPR was not available for interview during survey.	C 176		
C 202	10A NCAC 13G .0702(a) Tuberculosis Test and Medical Examination 10A NCAC 13G .0702 Tuberculosis Test and Medical Examination (a) Upon admission to a family care home each resident shall be tested for tuberculosis disease in compliance with the control measures adopted by the Commission for Health Services as specified in 10A NCAC 41A .0205 including subsequent amendments and editions. Copies of the rule are available at no charge by contacting the Department of Health and Human Services, Tuberculosis Control Program, 1902 Mail Service Center, Raleigh, North Carolina 27699-1902. This Rule is not met as evidenced by: TYPE B VIOLATION Based on record review and interview, the facility failed to assure 3 of 4 sampled residents (Residents #1, #2 and #4) were tested for tuberculosis (TB) disease upon admission to the facility according to the control measures adopted by the Commission for Health Services. The findings are: 1. Review of Resident #2's FL-2 dated 9/12/13 revealed diagnoses of paranoid schizophrenia, seizures and allergies. Review of the Resident's Register revealed an	C 202		

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C 202	<p>Continued From page 3</p> <p>admission date of 5/14/13.</p> <p>Review of Resident #2's record revealed no documentation of a TB skin test prior to, upon or after admission to the facility.</p> <p>Interview with the Supervisor in Charge on 12/16/14 at 2:00 pm revealed:</p> <ul style="list-style-type: none"> -Resident #2 had his TB skin test done, but did not know date of TB testing. -The results should be in the record, but do not know where the documentation was. <p>Interview with the Administrator on 12/17/14 at 11:00 am revealed:</p> <ul style="list-style-type: none"> -The resident's primary care physician completed the resident's 2 step TB skin test, but did not know the date when testing was done. - The Administrator did not know where the results were, but stated documentation of all residents' TB results were supposed to be in their records. <p>Interview with Resident #2 on 12/17/14 at 2:45 pm revealed:</p> <ul style="list-style-type: none"> -Resident #2 got a TB skin test prior to admission and at the primary care doctor after admission in the home, but did not remember the dates. <p>The resident's primary physician was not available for interview.</p> <p>Refer to interview with the facility's Administrator on 12/16/14 at 11:10am.</p> <p>Refer to interview with the facility's SIC on 12/17/14 at 2:30pm.</p> <p>2. Review of Resident #4's current FL-2 dated</p>	C 202		

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C 202	<p>Continued From page 4</p> <p>7/1314 revealed the following:</p> <ul style="list-style-type: none"> - Diagnoses which included bipolar, hypertension and polysubstance abuse. - An admission date of 6/15/13. <p>Review of Resident #4's record revealed no documentation od a TB skin test prior to, upon or after admission to the facility.</p> <p>Interview with Resident #4 on 12/17/14 at 2:30pm revealed the following:</p> <ul style="list-style-type: none"> - The resident may have received 1 TB skin test before admission to the facility but did not remember the date or where the testing was done. - The resident did not recall any TB testing done after admission to the facility. <p>Interview with the facility's Administrator on 12/16/14 at 11:10am revealed the following:</p> <ul style="list-style-type: none"> - The Administrator stated Resident #4 had documentation of the 1st TB test on the admission FL-2 but the FL-2 was not available. - The Administrator stated she contacted Resident #4's primary physician's office and there were no documentation of any TB skin tests. - The Administrator will assure the resident had 2-step TB skin test completed as soon as possible. <p>Interview with the facility's SIC on 12/17/14 at 2:15pm revealed the following:</p> <ul style="list-style-type: none"> - The SIC did not know what happened to the documentation of Resident #4's 2-step TB skin tests. - The SIC stated the documents were missing and she did not realize the documents were not in Resident #4's records. - The Administrator had transported Resident #4 to the county's health department today and 	C 202		

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C 202	<p>Continued From page 5</p> <p>the resident will receive 1st step of his 2-step TB skin test.</p> <p>Refer to interview with the facility's Administrator on 12/16/14 at 11:10am.</p> <p>Refer to interview with the facility's SIC on 12/17/14 at 2:30pm.</p> <p>3. Review of Resident #1's current FL-2 dated 11/18/14 revealed the following:</p> <ul style="list-style-type: none"> - Diagnoses which included history of cerebrovascular accident, hypertension, headache, hyperlipidemia, and arthritis. - An admission date of 07/18/14 <p>Review of Resident #1's record revealed no documentation of a TB skin test prior to , upon or after admission to the facility.</p> <p>Interview with Resident # 1 on 12/17/14 at 10:40 am revealed the Resident did not recall any TB testing done before or after admission to the facility.</p> <p>Interview with the facility's Administrator on 12/17/14 at 10:00am revealed the following:</p> <ul style="list-style-type: none"> - Administrator thought Resident # 1 had TB testing done while in hospital immediately before admission. - Administrator also thought that the 2nd TB test would have been during a follow-up with MD. - The Administrator was not aware Resident #1 did not have documentation of TB testing in record. - The Administrator will assure that Resident # 1 will have 2 step testing completed as recommended by local Health Department. 	C 202		

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C 202	<p>Continued From page 6</p> <p>Refer to interview with the facility's Administrator on 12/16/14 at 11:10am.</p> <p>Refer to interview with the facility's SIC on 12/17/14 at 2:30pm.</p> <p>_____</p> <p>Interview with the facility's SIC on 12/17/14 at 2:30pm revealed the following:</p> <ul style="list-style-type: none"> - The SIC stated "on our best day, we try to assure all our residents' TB skin tests are in place". <p>Interview with the facility's Administrator on 12/16/14 at 11:10am revealed the following:</p> <ul style="list-style-type: none"> - The facility's Supervisor-in-Charge (SIC) and the Administrator were both responsible for assuring the residents' had 1st step TB skin test completed upon admission and following up with scheduling the residents' 2nd TB testing after admission. - The SIC was responsible for filing and maintaining all documents in the residents' records. <p>_____</p> <p>According to the facility's Plan of Protection dated 12/17/14, all residents who did not have documentation of 2-step TB testing was immediately transported to the local county health department on 12/17/14 and the 1st step of 2-step TB test was started. The 2nd step TB testing will be completed within 14 days after results from 1st test. The TB skin tests will be read within 72 hours.</p> <p>The facility will assure every new admission will have completed at least 1st step of the 2-step TB</p>	C 202		

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C 202	Continued From page 7 testing before admission. The Administrator or the SIC will review each new admission to ensure TB testings are completed.	C 202		
C 255	10A NCAC 13G .0903 (d) Licensed Health Professional Support 10A NCAC 13G .0903 Licensed Health Professional Support (d) The facility shall assure action is taken in response to the licensed health professional review and documented, and that the physician or appropriate health professional is informed of the recommendations when necessary. This Rule is not met as evidenced by: Based on record review and staff interviews, the facility failed to assure action was taken in response to the registered nurse's recommendations for 2 of 3 sampled residents (Resident #1 and Resident # 2) with Licensed Health Professional Support (LHPS) recommendations for blood pressure checks. The findings are. 1. Review of Resident #2's FL-2 dated 9/12/13 revealed diagnoses of paranoid schizophrenia, seizures and allergies. Review of the Resident's Register revealed an admission date of 5/14/13. Review of Resident #2's Licensed Health Professional Support (LHPS) evaluation dated 11/24/13 revealed recommendations by LHPS	C 255		

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C 255	<p>Continued From page 8</p> <p>nurse " blood pressure check daily-report to physician if continues to be elevated. "</p> <p>Review of Resident #2's record revealed the most current order for weekly blood pressure check was dated 3/25/14.</p> <p>Interview with the Administrator on 12/17/14 at 11:00 am revealed:</p> <ul style="list-style-type: none"> -Resident #2's blood pressure was checked weekly until physician stated to stop checking it because blood pressure was regulated. -The physician did not write an order to discontinue weekly blood pressure check. -The Administrator stated she understood that a written order should have been obtained. <p>Interview with Resident #2 on 12/17/14 at 3:30 pm revealed:</p> <ul style="list-style-type: none"> -The resident's blood pressure use to get check weekly. -The resident did not get blood pressure check weekly anymore. -Administrator informed him the physician stated his blood pressure no longer needed to be checked weekly because pressure was regulated. -The resident did not remember the last time blood pressure was check. <p>2. Review of Resident #1's current FL-2 dated 11/18/14 revealed the following:</p> <ul style="list-style-type: none"> - Diagnoses which included history of cerebrovascular accident, hypertension, headache, hyperlipidemia, and arthritis. - An order to check blood pressure daily. <p>Review of the most recent Licensed Health Professional Support (LHPS) recommendation dated 11/22/14 revealed the following documentation:</p>	C 255		

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C 255	Continued From page 9 - " Blood pressure elevated today". - "Follow order to monitor blood pressure daily". Record review revealed no documentation of Resident's #1's Blood Pressures. Interview with Administrator on 12/16/14 at 10:15 am revealed: - Licensed Health Professional Support (LHPS) reviewed findings/recommendations with Supervisor in Charge - Administrator did not know that daily blood pressures had been ordered by MD and recommended by LHPS nurse for Resident #1. Interview with Supervisor in Charge (SIC) on 12/16/14 at 2:25 pm revealed: - The LHPS nurse usually reviewed findings/recommendations with SIC but she could not remember "specifics" about the 11/22/14 LHPS assessment/recommendations. - - She was not aware of MD order or LHPS recommendation of blood pressures daily for Resident # 1. Phone Interview with LHPS nurse on 12/17/14 at 2:50pm revealed recommendations (daily blood pressures for Resident #1) had been reviewed with the Administrator on 11/22/14.	C 255		
C 257	10A NCAC 13G .0904(a)(2) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (a) Food Procurement and Safety in Family Care Homes: (2) All food and beverage being procured, stored, prepared or served by the facility shall be	C 257		

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C 257	<p>Continued From page 10</p> <p>protected from contamination.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure that food items were protected from contamination by placing uncooked meat in the refrigerator next to precooked foods along with inedible food scraps.</p> <p>The findings are:</p> <p>Observation of the facility's refrigerator on 12/16/14 at 9:40 am revealed the following:</p> <ul style="list-style-type: none"> - In the bottom drawer of the refrigerator was an unopened plastic roll of raw ground beef; a Styrofoam tray with raw ground beef wrapped in clear plastic wrap; 2 zip lock bags with sliced, ready-to-eat sandwich meat and a plastic container with foul smelling food scraps. <p>Interview with the Administrator on 12/16/14 at 11:15am revealed the following:</p> <ul style="list-style-type: none"> - She thought it was okay to store uncooked food with ready to eat food if wrapped in plastic and no leaking of juices from the uncooked food. - The food scraps in the plastic container were saved to feed the dog and kept in the refrigerator. - She put them in the refrigerator and forgot to put the meats in a pan. - The Administrator stated she would remove the sandwich meat and the dog scraps from the bottom drawer immediately and will store the dog scraps in a separate area. <p>Observation of the facility's refrigerator on 12/17/14 at 9:30am revealed the following:</p> <ul style="list-style-type: none"> - The bottom drawer of the refrigerator contained only uncooked meat. - Sandwich meat was stored on refrigerator 	C 257		

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C 257	Continued From page 11 shelf above bottom drawer. - Container with food scraps was not stored in the refrigerator.	C 257		
C 284	10A NCAC 13G .0904(e)(4) Nutrition and Food Service 10A NCAC 13G .0904 Nutrition and Food Service (e) Therapeutic Diets in Family Care Homes: (4) All therapeutic diets, including nutritional supplements and thickened liquids, shall be served as ordered by the resident's physician. This Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to provide ordered nutritional supplements to 1 of 1 sampled resident (Resident # 1). The findings are: Review of Resident #1's current FL-2 dated 11/1//14 revealed the following: - Diagnoses which included history of cerebrovascular accident, hypertension, headache, hyperlipidemia, and arthritis. - An admission date of 07/18/14. Review of a hospital discharge summary dated 07/18/14 revealed the following; - An admission diagnosis of weight loss and dehydration. -Discharge orders which included Ensure (a nutritional supplement) , 1 can twice per day. Review of an order from the resident's primary physician dated 07/18/14 revealed Ensure, 2 cans per day prescribed.	C 284		

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C 284	Continued From page 12 Review of a a Pharmacy review dated 09/11/14 revealed an order for Ensure had been left off of MAR. Review of documentation from physician visits revealed the following weights: - On 10/14/14, the resident weighed 155 pounds. - On 11.06.14, the resident weighed 161 pounds. - On 11/18/14, the resident weighed 164 pounds. - On 12/10/14, the resident weighed 160 pounds. Interview with the Administrator on 12/16/14 at 1:30 pm revealed: - Resident # 1 was private pay and was unable to purchase Ensure. - The facility never implemented order for ensure supplement, 1 can, 2 times a day. - The Resident had a good appetite and ate all of his food at each meal. - The facility did not have a current weight for the resident, he was weighed at physician's office. - Administrator was not aware facility was responsible for supplying ordered nutritional supplements for residents. - Administrator stated that she would contact physician to obtain order to discontinue Ensure because Resident #1 could not afford to purchase. Resident #1 primary physician was not available for interview.	C 284		
C 912	G.S. 131D-21(2) Declaration of Residents' Rights G.S. 131D-21 Declaration of Resident's Rights Every resident shall have the following rights: 2. To receive care and services which are	C 912		

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C 912	<p>Continued From page 13</p> <p>adequate, appropriate, and in compliance with relevant federal and state laws and rules and regulations.</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to assure every resident had the right to receive care and services which are adequate, appropriate, and in compliance with rules and regulations as related to resident 2-step tuberculosis skin testing.</p> <p>The findings are:</p> <p>Based on record review and interview, the facility failed to assure 3 of 4 sampled residents (Residents # 1, #2 and #4) were tested for tuberculosis (TB) disease upon admission to the facility according to the control measures adopted by the Commission for Health Services [Refer to Tag 0202, 10A NCAC 13F .0702 Tuberculosis Test and Medical Examination (Type B Violation).]</p>	C 912		